

MAY 25, 2013

PLEASE PRINT IN BLOCK LETTERS

If yes, Department or Enterprise: _____

WAIVER OF LIABILITY

In consideration of my participation in the Health Services' Diabetes Program's **Spring Fever 8k, 2 mile, Kid's Mile on Saturday, April 27, 2013** I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against Salt River Health Services Department, Diabetes Program, Salt River Pima-Maricopa Indian Community, the groups, the sponsors, and any individuals associated with the event for any claim damage or injuries sustained by me during the fitness event/program.

DATE

DATE _____



2013 BEAT the HEAT 5K RUN

2 MILE RUN/WALK

KID'S 0.5 MILE RUN
(3-12yrs)

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If yes, Dep

In consideration
my heirs, my ex
Program, Salt Ri
sustained by me

Email

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